IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: Fernandez
Serial No.: 09/435,504
Filed: 11/06/99
For: Bioinformatic Transaction Scheme

Attorney Docket No. FERN-P006
Examiner: Robert W. Morgan
Art Unit: 3626

Assistant Commissioner of Patents
Washington, D.C. 20231

AMENDMENT TRANSMITTAL LETTER

Dear Sir:

1. **TRANSMITTED DOCUMENTS**: the following documents relating to the above-identified patent application are being transmitted herewith.

   X a. A Supplemental Amendment for this application: _9_ pages.
   __ b. Substituted Informal Drawings: _____ sheets.
   __ c. A Petition For Extension of Time For Response under 37 CFR 1.136(a) incorporated herein.
   __ d. An Information Disclosure Statement under 37 CFR ___ 1.97(b) __1.97(c)
   X e. A stamped, self-addressed, return postcard.
   __ f. A Check (#___) for $ _____ to cover required fees of this correspondence.

2. **APPLICANT FILING STATUS**:
   ____ a. Applicant is a Large Entity.
   X   b. Applicant is a Small Entity.

3. **EXTENSION OF TIME**:
   ___ a. Applicant petitions for an extension of time under 37 C.F. R. 1.136 for the total number of months checked below (fees pursuant to 37 C.F.R. 1.17(a)-(d).

Extension of Time	Large Entity Fee	Small Entity Fee
i. One (1) month .	____ $ 110.00	____ $ 55.00
ii. Two (2) month .	____ $ 390.00	____ $ 195.00
iii. Three (3) month .	____ **$ 890.00**	____ **$ 445.00**
iv. Four (4) month .	____ $ 1,390.00	____ $ 695.00
v. Five (5) month .	____ $ 1,890.00	____ $ 945.00

   Extension Time Fee Total: ____.

   X b. Applicant believes that no extension of time is required. However, this conditional petition is being made in case Applicant has inadvertently overlooked the need for a petition for extension of time.

4. FEE CALCULATION:

The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

Fee Items	Claims Remaining After Amendment	Highest Number of Claims Previously Paid	Present Extra Claims	Fee Rate	Total
a. Total Claims	20	- 20 =	0	x $ 18.00 Large Entity x $ 9.00 Small Entity	$0
b. Independent Claims	3	- 3=	0	x $ 78.00 Large Entity x $ 39.00 Small Entity	$0
c. Multiple Dependent Claims Added By This Amendment				x 260.00 Large Entity x 130.00 Small Entity	
d. Extension of Time Fee Total, if any, from above EXTENSION OF TIME section 3a.					$ .00
e. Additional Fees Required With This Correspondence i) 1.17 (p) Fee for Information Disclosure under 1.97(c)					$ .00
e. Total Fees					$ .00

5. PAYMENT OF FEES

The full fee due in connection with this communication is provided as follows:

_____ The Commissioner is hereby authorized to charge the fees associated with this communication or credit any overpayment to **Deposit Account No: 500482**. A duplicate copy of this authorization is enclosed.
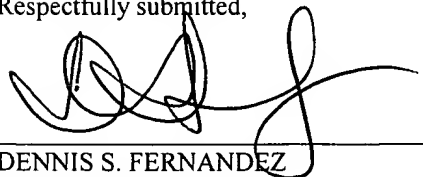
_____ A Check # _____ for $ _____ for the above specified Total Fee is enclosed. However, should Applicant inadvertently miscalculated the required fee, the Commissioner is hereby authorized to charge the necessary additional amount associated with this communication or credit any overpayment to **Deposit Account No: 500482**.

___X___ Applicant does not believe that any payment of fee is needed in association with this communication. However, should Applicant inadvertently miscalculated the required fee, the Commissioner is hereby authorized to charge any necessary amount associated with this communication or credit any overpayment to **Deposit Account No: 500482**.

Please direct all correspondence concerning the above-identified application to the following address:

FERNANDEZ AND ASSOCIATES, LLP
Patent Attorneys
P.O. BOX D
Menlo Park, CA 94026-6204
Phone: (650) 325-4999
Fax: (650) 325-1203

Respectfully submitted,

1/6/03

_____   _____
DENNIS S. FERNANDEZ   Date
Registration No. 34,160

1082-x2

FERNANDEZ & ASSOCIATES LLP
PATENT ATTORNEYS

FACSIMILE TRANSMITTAL SHEET

TO:	FROM:
Mr. Robert W. Morgan	Mary Chow

COMPANY:	DATE:
USPTO	1/6/03

FAX NUMBER:	TOTAL NO. OF PAGES INCLUDING COVER:
1(703) 305 7687	10

PHONE NUMBER:	OUR REFERENCE NUMBER:
703-605-4441	(650) 325 4449

RE:	OUR FAX NUMBER:
Supplemental Amendment for 09/435,504	(650) 325 1203

☑ URGENT   ☑ FOR REVIEW   ☐ PLEASE COMMENT   ☐ PLEASE REPLY   ☐ PLEASE RECYCLE

NOTES/COMMENTS:

Dear Robert

Thank you for the teleconference. Per your discussion w/ Dennis, we would like to submit a supplemental amendment. We will also be mailing the amendment to you via mail.

Thank you very much for your time and attention.

Best Regards,

Mary Chow

Mary Chow

FAX RECEIVED

JAN 0 6 2003

GROUP 3600

OFFICIAL

12/B/Supplemental 1-8-03 Lowman

Inventor:	FERNANDEZ	Attorney Docket No.:	FERN-P006
Serial No.:	09/435,504	Group Art Unit:	3626
Filed:	11/06/99	Examiner:	Robert W. Morgan
Title:	"BIOINFORMATIC TRANSACTION SCHEME"		

SUPPLEMENTAL AMENDMENT

The Commissioner of Patents and Trademarks

Washington, D.C. 20231

Sir:

In the Claims:

Claims 1, 8, 21, 23, and 26-28 are amended, as follow:

(Please note that un-amended claims are included for convenience.)

1. *(Twice-Amended)* Automated transaction method comprising the steps of:

determining electronically a bioinformatic value associated with a user; and

transacting via a processor with the user according to the bioinformatic value,

wherein the bioinformatic value is automatically determined when or after the user permits

access to a voluntarily-selected portion of his or her personal genetic nucleotide profile, such

accessible portion being associated or used with evaluating the user transaction via said

processor, an other portion of such genetic profile being not voluntarily-selected by the user and

thereby inaccessible for evaluating the user transaction.

2. *(Un-amended)* The method of Claim 1 wherein:

the bioinformatic value comprises a likelihood or risk of the user having or

developing a genetically-based medical or physiological condition, wherein the

transaction step comprises providing the user with an insurance policy to cover the

occurrence of the genetically-based condition.

3. *(Un-amended)* The method of Claim 1 wherein:

the bioinformatic value comprises a likelihood or risk of the user having or